

# Demographic Reporting Form

## Individual – Quarterly Totals

### Positive Alternatives

Dates: 1/1/17-3/31/17

Grantee Name: Cradle of Hope – V#:285556

#### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	2	17	117	126	101	88	0

#### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
9	23	239	179	0	1

#### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
153	289	9

#### 4. Client Race:

Race: White	Race: African American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
135	167	0	32	18	95	4

#### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
54	368	27

#### 6. Client Type:

Mother	Father	Grandparent	Other
450	1	0	0

## Instructions for completing form

1. Complete a form on each new client who qualifies for participation in the Positive Alternatives program. (Eligible clients are women residing in Minnesota who are pregnant or who are parenting an infant 12 months old or younger.)
2. Collect answers for the form at the time the Necessary Services discussion is held with the client.
3. For each question, check the box that corresponds to the category best describing the client.
4. If your organization is not able to collect information requested on the form (e. g., race and/or ethnicity) check "*Unknown*".
5. For "Client Pregnancy Status", if the client is entering the program parenting an infant 12 months old or younger, check "*Post-partum*". When pregnancy status is unidentified please check "*Pregnancy Status Unknown*." If the client is a father or grandparent please check "*Other*."
6. Please check your math. **Each Line should add up to the same total.**